

Youth Survey 2008

In order to provide the best mental health services to you, we would like to know what you think about the services you are receiving. Your answers are confidential and will be used to improve future services. For each survey item below, please check the box that corresponds to your answer. Please check the NA (Not Applicable) box if the question is about something you have not experienced.

	The questions below refer to: (center name)					_		
Today's Date								
1.	Your age (in years):							
2.	Your gender: ☐ Male ☐ Female							
3.	Your race/ethnicity? Check all that apply.							
	□ White/Caucasian □ African American/Black	\square N	ative Ar	nerican/	Alaskar	n Native		
	☐ Latino ☐ Asian/South/ Pacific Islander	□ Ot	her (ple	ase spec	rify)			
4.	Are you currently living with your parents? \Box Ye	es \square	No					
5.	How long have you received mental health services from this center? years months							
6.	How did you become involved in receiving services from	this cent	er? (Ch	eck the p	orimary	reason o	nly):	
	□ I decided on my own □ I was encouraged by	y others		□I wa	s require	ed to con	ne	
As a direct result of services received in the past 6 months:								
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA	
7.	I am better at handling daily life.							
8.	I get along better with family members.							
9.	I get along better with friends and other people.							
10.	I am doing better in school and/or work.							
11.	I am better able to cope when things go wrong.							
12.	I am satisfied with my family life right now.							
13.	I am better able to do things I want to do.							

Disagree Disagree Strongly Agree Strongly Neutral Agree NA I know people who will listen and understand me when I 14. need to talk. I have people with whom I can do enjoyable things. 15. I have people that I am comfortable talking with about 16. my problems. In a crisis, I have the support I need from family or 17. friends. Please provide feedback about the services you received: Strongly Disagree Strongly Disagree Neutral Agree NA I helped to choose my services. 18. I helped to choose my treatment goals. 19. The people helping me stuck with me no matter what. 20. I felt I had someone to talk to when I was troubled. 21. 22. I was frequently involved in my treatment. The services I received were right for me. 23. The location of services was convenient for me. 24. 25. Services were available at times that were convenient for me. 26. I got the help I wanted. I got as much help as I needed. 27. Staff treated me with respect. 28. 29. Staff respected my religious/spiritual beliefs. Staff spoke with me in a way that I understood. 30. Staff were sensitive to my cultural/ethnic background. 31. 32. Overall, I am satisfied with the services I received.

Please answer the following questions, thinking about your relationships with persons other than your

mental health provider:

33.	What has been the most helpful thing about the services you received over the last 6 months?
34.	What will improve services here?

If you are interested in participating in community focus group meetings regarding this survey and how it is used to improve services, please contact UPLIFT at 307-778-8686 or Toll-free at 888-875-4383. This information is also available on the Mental Health & Substance Abuse Services Website at http://health.wyo.gov/mhsa/index.html.

Thank You!

Please place your completed survey in the provided envelope, seal the envelope, and return it to the designated person.